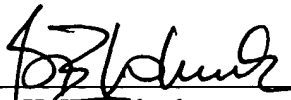




PATENT

3739
#6IN THE UNITED STATES PATENT AND TRADEMARK OFFICECERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on September 20, 2000.


Bryan K. Wheelock
Reg. No. 31,441

In re application of:
Garibaldi et al.

Serial No.: 09/292,096

Examiner Unknown

Filed: April 14, 1999

Group Art Unit 3739

For: Method and Apparatus for Magnetically:
Controlling Endoscopes in Body Lumens
And Cavities

Commissioner for Patents
Washington, DC 20231

NOTICE OF CHANGE OF ADDRESS

Sir:


Please note the following new address for Applicant's attorney:

Bryan K. Wheelock
15th Floor, One Metropolitan Square
211 North Broadway
St. Louis, MO 63102
Telephone: 314.588.2000
Facsimile: 314.588.2009

RECEIVED
SEP 27 2000
TC 3700 MAIL ROOM

Please also note the new attorney reference number for this case is 6154-0108.

Respectfully submitted,


Bryan K. Wheelock
Reg. No. 31, 441

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/292,096	04/14/99	600	3739	3176-4866

APPLICANT

JEFFREY M. GARIBALDI, ST. LOUIS, MO; WALTER M. BLUME, ST. LOUIS, MO;
GERARD H. EPPLIN, ST. LOUIS, MO.

****CONTINUING DOMESTIC DATA*******

VERIFIED
None
on

****371 (NAT'L STAGE) DATA*******

VERIFIED
None
on

****FOREIGN APPLICATIONS*******

VERIFIED
None
on

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/03/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 9
Verified and Acknowledged <i>on</i> Examiner's Initials _____ Initials _____					

ADDRESS

~~HOWELL & HAFERKAMP~~ *Bryan K. Wheelock*
~~7733 FORSYTH BOULEVARD~~ *15th Floor, One Metropolitan Square*
~~SUITE 1400~~ *211 North Broadway*
ST. LOUIS, MO 63105 *63102*

TITLE

METHOD AND APPARATUS FOR MAGNETICALLY CONTROLLING ENDOSCOPES IN BODY LUMENS AND CAVITIES

FILING FEE RECEIVED \$889	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---